



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES
**APPLICATION FOR TRAUMA CENTER REVIEW AND
DESIGNATION**

<input type="checkbox"/>	ADULT
<input type="checkbox"/>	ADULT/PEDIATRIC
<input type="checkbox"/>	PEDIATRIC

In accordance with the requirements of the Missouri Trauma Center Law (Chapter 190.241, RSMo, 1998) and the Missouri Trauma Center Regulations (19 CSR 30-40.010-050) application is hereby made for review and designation as a trauma center.

DESIGNATION LEVEL REQUESTED

<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> Ped
----------------------------	-----------------------------	------------------------------	------------------------------

HOSPITAL INFORMATION

NAME OF HOSPITAL (NAME TO APPEAR ON DESIGNATION CERTIFICATE)		TELEPHONE NUMBER	
ADDRESS (STREET AND NUMBER)	CITY	STATE	ZIP

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
Surgeon in Charge of Trauma Care	Trauma Nurse Coordinator
Director of Emergency Medicine	Director of Trauma Intensive Care

RESOURCE INFORMATION

E D TRAUMA CASELOAD	TRAUMA TEAM ACTIVATIONS	CT SCAN CAPABILITY	MRI CAPABILITY
OPERATING ROOMS	ICU/CCU BEDS	BURN BEDS	REHAB BEDS
TRAUMA SURGEONS	NEUROSURGEONS	ORTHOPAEDISTS	E D PHYSICIANS
ANESTHESIOLOGISTS	CRNAS	PEDIATRICIANS	PEDIATRIC SURGEONS

CERTIFICATION

WE the undersigned hereby certify that the information provided in this application for trauma center review and designation is true and accurate; and give assurance of the intent and ability of the hospital to comply with regulations promulgated under the Missouri Trauma Center Law (Chapter 190.241 through 245, RSMo 1998).

We further certify that the hospital will comply with all recommendations for improvement contained in the trauma center site review reports prepared by the Missouri Department of Health.

DATE OF APPLICATION	
SIGNATURE OF CHAIRMAN/PRESIDENT OF BOARD OF TRUSTEES, OWNER, OR ONE PARTNER OF PARTNERSHIP	SIGNATURE OF HOSPITAL CHIEF EXECUTIVE OFFICER
SIGNATURE OF SURGEON IN CHARGE OF TRAUMA CARE	SIGNATURE OF DIRECTOR OF EMERGENCY MEDICINE